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## BIB DATA SHEET

CONFIRMATION NO. 7280

<b>SERIAL NUMBER</b> 10/806,311	<b>FILING or 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 3126.01US03		
<b>APPLICANTS</b> Matthew F. Ogle, Oronoco, MN; <b>** CONTINUING DATA *****</b> This application is a CON of 10/414,909 04/16/2003 > Yes (u) which claims benefit of 60/400,341 08/01/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/04/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DARDI & ASSOCIATES, PLLC 220 S. 6TH ST. SUITE 2000, U.S. BANK PLAZA MINNEAPOLIS, MN 55402 UNITED STATES						
<b>TITLE</b> Embolism protection devices						
<b>FILING FEE RECEIVED</b> 448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		